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TO:

Examiner LY, Nghi H.

FAX NO.:

571-273-8300

FROM: Ryan S. Davidson

USPTO GPAU 2686

Reg. No.: 51,596

RE U.S. App. No.: 10/764,812; filed 1/26/04

Applicant(s): Martha K. Boyd

Atty Dkt No.: 1033-MS1013

Title:

INTEGRATED MOBILE PHONE RING SCHEDULER

NO. OF PAGES (including Cover Sheet): 7

MESSAGE:

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Transmittal Form (1 pg)

Fee Transmittal (1 pg)

☐ Information Disclosure Statement (4 pgs, including Form 1449)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE inder the Penerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/764,812 Filing Date TRANSMITTAL 01/26/2004 First Named Inventor **FORM** Martha K. BOYD Art Unit 2686 Examiner Name LY, Nghi H. (to be used for all correspondence after initial filing) Attorney Docket Number 1033-MS1013 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC 1 Fee Transmittal Form (a)gniwanD Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) CUSTOMER NO.: 34456 Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name TOLER, LARSON & ABEL, LLP Signature Printed name Ryan S. Davidson Date 51,596 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class many an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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| Applicant claims small entity status. See 37 CFR 1.27 Examiner Name LY, Nghi H. Art Unit 2686 | | IKAN | ISMII | IAL | Filing Date | | 1/26/04 | | |
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| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge leve(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Credit any overpayments Credit and information on this form may become public. Credit card informations should not be included on this form. Provide credit card informations should not be included on this form. Provide credit card information should not be included on this form. Provide credit card information and authorization on 1970-2938. FEE CALCULATION | X Deposit Ac | | | | Deposit A | Account Name: | Toler, Larso | on & Abel LLP | |
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| SUBMITTED BY Signature Registration No. 51,596 Telephone 512-327-5515 | _ | • | | | , | | | 180.00 | <u> </u> |
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NO. 3773 P. 4

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Martha K. BOYD

Title:

INTEGRATED MOBILE PHONE RING SCHEDULER

Application No.: 10/764,812

Filed:

January 26, 2004

Examiner:

LY, Nghi H.

Group Art Unit: 2686

Atty. Docket No.: 1033-MS1013

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Alexandria, VA 22313-1450

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INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Dear Sir:

Pursuant to 37 C.F.R. § 1.56, § 1.97 and § 1.98, the undersigned brings the patents, publications, applications or other information identified in the attached:

Form(s) PTO/SB/08A and/or PTO/SB/08B or PTO/1449 図

Other: n/a

to the Examiner's attention in the above-identified application. Citation of such information shall not be construed as:

- 1. an admission that the information necessarily is, or corresponds to, prior art with respect to the instant invention;
- a representation that a search has been made, other than as described below; or 2.
- an admission that the information cited herein is, or is considered to be, material 3. to patentability as defined in § 1.56(b).

For each item of information listed that is not in the English language, the undersigned has provided a concise explanation of the relevance, such as through (i) an English language abstract, (ii) an English language equivalent application, (iii) reference to discussion in the application, or (iv) if cited in a search report or other action by a foreign patent office in a counterpart foreign application, an English language version of the search report or action that indicates the degree of relevance found by the foreign office.

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Judy Carey

Typed or Printed Name

PAGE 4/7 * RCVD AT 11/9/2005 3:26:13 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/26 * DNIS:2738300 * CSID:512 327 5452 * DURATION (mm-ss):01-54

PATENT

STATEMENT UNDER 37 C.F.R. § 1.704(d)

| If the May 29, 2000 | above-identified application is an original application filed on or after): |
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| | each item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart application and this communication was not received by any individual designated in § 1.56(c) more than thirty days prior to the filing of this Information Disclosure Statement. |
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| | within three months of the filing date of a national application or within three months of entry of the national stage as set forth in § 1.491 in an international application. Therefore, no fee is required. |
| | before the mailing date of a first Office action on the merits or before the mailing date of a first Office action after the filing of a request for continued examination under § 1.114. Therefore, no fee is believed required. |
| | during the period specified in § 1.97(c). Each item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart application not more than three months prior to the filing of this Information Disclosure Statement. |
| | during the period specified in § 1.97(c). Accordingly, the fee set forth in § 1.17(p) is required and provided as shown on the attached Fee Transmittal. |
| | during the period specified in § 1.97(d). Accordingly, the fee set forth in § 1.17(p) is required and provided as shown on the attached Fee Transmittal. Additionally, each item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart application not more than three months prior to the filing of this Information Disclosure Statement. |
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PATENT

Should any PTO fees be necessary for entry of this Information Disclosure Statement, the undersigned hereby authorizes the Commissioner to charge Deposit Account <u>50-2469</u>.

Respectfully submitted,

9 November 2005

Ryan S. Davidson, Reg. No. 51,596 TOLER, LARSON & ABEL, L.L.P. 5000 Plaza On The Lake, Suite 265

Austin, Texas 78746 (512) 327-5515 (phone) (512) 327-5452 (fax)

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| INFORMATION DICCLOCUDE | Filing Date | 01/26/2004 | | | | |
| INFORMATION DISCLOSURE | First Named Inventor | Martha K. BOYD | | | | |
| STATEMENT BY APPLICANT | Art Unit | 2686 | | | | |
| (Use as many sheets as necessary) | Examiner Name | LY, Nghi H. | | | | |
| Sheet 1 of 1 | Attorney Docket Number | 1033-MS1013 | | | | |

| | | | U. S. PATEN | DOCUMENTS | |
|-----------------------|---------------------------------------------------|-----------------------------------------------------------|-----------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|
| Examiner Initials* | Cite No. | Document Number Number-Kind Code ^{3 (7 Amount)} | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | ВА | US- 6,141,556 A | 10-31-2000 | Dougherty et al. | |
| | BB | ^{US-} 6,359,970 B1 | 03-19-2002 | Burgess | |
| | BC | US- 6,760,581 B2 | 07-06-2004 | Dutta | |
| | BD | US- 6,763,105 B1 | 07-13-2004 | Murs et al. | |
| | BE | ^{US-} 6.813,491 B1 | 11-02-2004 | McKlnney | |
| | BF | ^{US-} 6,819,922 B1 | 11-16-2004 | Janz | |
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